

Motor Vehicle Service Contract Transmittal Document
State of Washington

1. Reserved for Insurance Dept. Use only 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc;">2. Insurance Department Use only</td> </tr> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr><td colspan="2">f. Subject Codes</td></tr> </table>	2. Insurance Department Use only		a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		f. Subject Codes	
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3.	Program Name (Marketing Title)		
4.	Company Name(s)	Home State	CIC Number (Mandatory)

5. Company Tracking Number	
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Contact Info of Filer or Corporate Officer [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information

9.	Type of Insurance (TOI):	33.0
10.	Filing Type:	Motor Vehicle Service Contract
11a	Is the motor vehicle service contract provider a vehicle manufacturer or import distributor?	<input type="checkbox"/> Yes Sub-TOI is 33.00UF (Use and File – 60 Days) Use MVSC Compliance Checklist MVSC 3300UF <input type="checkbox"/> No Go to 11b
11b	Is the motor vehicle service contract provider a wholly owned subsidiary of a motor vehicle manufacturer or import distributor?	<input type="checkbox"/> Yes Sub-TOI is 33.00SU (Use and File – 60 Days) Use MVSC Compliance Checklist MVSC 3300SU <input type="checkbox"/> No Go to 11c
11c	All other motor vehicle service contracts	Sub-TOI is 33.00PA (Prior Approval) Use MVSC Compliance Checklist MVSC 3300PA
12.	Please attach the correct MVSC Compliance Checklist	Checklist Attached? Failure to attach a completed checklist that corresponds to the Sub-TOI in section 11 will delay approval of your motor vehicle service contract filing. <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Effective Date(s) Requested	New Business Date:
14.	Company's Date of Filing	

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CONTRACT FILING SCHEDULE

This contract filing schedule part of Company Tracking Number (from item 5 on page 1):	
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15.	Contract Name (list all contract forms filed with this submission)	Contract # (Must include an edition date)	New, Replacement or Withdrawn?	If Replacement Contract, Provide Contract # To be Replaced
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
12			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
13			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

To be complete, a motor vehicle service contract filing must include the following:

1. A completed Motor Vehicle Service Contract Transmittal Document (MVSC-TRANS (06/2006)).
2. One copy of each contract to be reviewed for the Insurance Commissioner's records.
3. A postage-paid, self-addressed envelope large enough to accommodate returned filing documents.
4. Please refer to the Washington State Motor Vehicle Service Contract compliance checklists for additional state specific requirements.